

## PART B - FEE(S) TRANSMITTAL

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05514 7590 03/10/2004

FITZPATRICK CELLA HARPER & SCINTO  
 30 ROCKEFELLER PLAZA  
 NEW YORK, NY 10112

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Jason M. Okun (Reg. No. 48,512) (Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/961,150	09/24/2001	Akira Tsuboyama	684.3253	5363

TITLE OF INVENTION: LUMINESCENCE DEVICE AND METAL COORDINATION COMPOUND THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YAMNITZKY, MARIE ROSE	1774	428-690000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fitzpatrick,  
 2. Cella, Harper  
 3. & Scinto

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Canon Kabushiki Kaisha

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies Five (5)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

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06/16/2004 EAREGAY2 00000030 09961150

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 02 FC:8001 15.00 OP  
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